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ABSTRACT

The relationship between stress and adjustment and the perceived severity of father's drinking was studied in a random sample of adolescents in a southeastern general population. Significant differences were found on measures of psychophysiological stress, degree of anger usually expressed and activities used to relieve depression. Children of heavy drinkers indicated more stress and depression but utilized fewer effective adaptive methods of dealing with their anxiety and depression. These findings suggest the importance of the perceived father's drinking behavior for their children's physical and psychological health and the need for counseling and school programs in this area. (Author/LAA)

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ADOLESCENT'S STRESS LEVELS, COPING ACTIVITIES AND FATHER'S DRINKING BEHAVIOR[1]

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Previous research regarding the effect of father's drinking on children has been limited to families of alcoholics (Aronson and Gilbert, 1963; Haberman, 1966; Nylander, 1960; Chafetz et al, 1971) or to children attending a Catholic High School (Kammeier, 1961). These studies found that children of alcoholics show more disturbed social and psychological behavior and have a higher risk of serious illnesses or accidents. The subjects, however, were usually families that had come to the attention of a child guidance clinic or some social agency and therefore presented a sample bias.

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This study examined the effect of the father's drinking as perceived by a random sample of adolescents, 15-21 years of age, in a general population in the South. Specifically reported are measures of the children's level of psycho-physiological stress, activities used to relieve depression or anxiety, and their own drinking practices.

The importance of parental modeling in determining the defense and coping mechanisms has been demonstrated in the general population (Weinstock, 1967; Thelen, 1967; and Swanson, 1961) but not examined in terms of the effect of father's drinking. Therefore, the fathers and their children will also be compared.

METHOD

Sample: A random sample stratified on the basis of race was drawn from the general population in a two-county area of North Carolina and interviewed as part of a general health survey. All family members at least 15 years of age were eligible to participate. The response rate was 89%. The subjects for this study were (a) youth, 15-21 years of age, still living with their parents and (b) their fathers.

The sample consisted of 186 youths, 15-21 years of age with a mean of 17.3 ± 2.0 years. There were 40 white males, 41 white females, 47 black males, and 58 black females. Data were collected on 102 fathers with a mean age of 50.2 ± 10.5 years; 53 of the men were white and 49 were black.

Procedure: The Ss were interviewed privately regarding their background, own drinking, attitudes about alcohol and perception of the drinking of their significant others. The Health Opinions Survey (MacMillan, 1957) and the Rouse Coping Activities Test (Rouse and Ewing, 1973) which measure levels of stress and the methods used to relieve depression

or anxiety were also administered as part of the standardized interview. Both black and white trained interviewers participated in the study. Chi-square analyses were used to compare the groups unless otherwise specified.

RESULTS

Fathers' Drinking: Interviews were obtained from both the father and children in 102 households. Forty-one of these households had more than one child interviewed; in only 8 of these did the children disagree on their father's drinking group and in 5 of these the youngest child saw the father as an abstainer. Where there was a lack of agreement, the perception of the oldest child was used to classify the father.

Forty-four of the fathers were considered abstainers, 45 moderate drinkers and 12 heavy drinkers. One child was unable to classify his father's drinking. The fathers in the abstainer, moderate and heavy drinking groups were comparable in race, age and social class (Hollingshead, 1957).

Most of the fathers perceived as heavy drinkers reported they drank frequently and regularly; and 35% reported drinking almost every day. Most of those perceived as moderate drinkers said they drank no more than once or twice a week and 18% said they did so only on special occasions. The fathers perceived as abstainers, however, gave varying reports of their drinking: 45% said they had never drunk in their lives, 26% drank less than once a month, 19% used to drink regularly and 15% reported they still drank several times a week.

Adolescent's Levels of Psychophysiological Stress: Significantly more sons of heavy drinkers reported involvement in traffic accidents. Both sons and daughters of heavy drinkers reported significantly more parental separations, losing their tempers when angry, and having depressed feelings often.

While more children of heavy drinkers reported insomnia, that their last year was not good, and that they had consulted a doctor about their nerves, these differences were not statistically significant. It is interesting to note that twice as many children of both abstainers and heavy drinkers reported nightmares than did children of moderate drinkers.

The HOS measure of stress and anxiety was found to be negatively correlated with perceived severity of father's drinking for the whites and positively correlated for the blacks ($p<.05$); that is, white youths reported less stress as perception of father's drinking increased while black youths reported greater stress associated with increased drinking on the part of the father.

Coping Activities of Fathers and Their Adolescent Children: Regardless of race, significantly fewer different methods of coping with anxiety or depression were tried by both the youth and their fathers in the heavy drinking group.

The children of abstainers were not only more likely to try a large variety of coping devices but were also more likely to try talking with friends or relatives about their problems, eating, and church activities to deal with their anxiety and depression. Children of heavy drinkers were more likely to report that they relied primarily on trying to forget, smoking and solitary activities.

White fathers in the heavy drinkers' group reported no typical coping activity. Abstainers and moderates, on the other hand, reported a variety of activities that they tried to a significant degree. These included eating, church activities, sex, trying to forget, and driving around.

Among the blacks, heavy drinking fathers were more likely to report that they used drinking, being alone, and trying to forget as means of coping with their anxiety and depression. The abstainers, however, reported trying church activities, sexual activity, and being with other people.

Adolescent Drinking-Related Variables: Forty-one percent of the Ss reported that they had drunk alcoholic beverages. The mean age of first drinking was 15.9 ± 1.7 years. Almost one half of the drinkers reported that most of their drinking was done in a car but not as the driver. The mean number of drinks they felt they could have and still drive safely was 3.0 ± 2.2.

Eight Ss (9% of the drinkers) reported that in the last year they had a memory loss after drinking, 7 had been in a traffic accident because of drinking and 2 had been in trouble with the police because of drunk driving.

While there were no differences in the youths' own reported drinking frequency, significantly more children of heavy drinkers reported drinking in their own home (31%), having a mother who was a heavy drinker (14%) and associating with friends who were heavy drinkers (21%). Ten percent of the children of heavy drinkers reported having received physical abuse from a relative or friend who was drinking. Significantly more children of heavy drinkers (72%) recommended psychological treatment for anyone with a drinking problem.

DISCUSSION AND CONCLUSIONS

The level of social and psychological disturbance in a general population is, of course, lower than in a clinic group. Nevertheless, in this sampling of a population of adolescents in a southern community a significant proportion reported heavy drinking on the part of the parents that was associated with greater stress and health problems in the offspring.

The relationship was not always linear since, as has been reported in a national study of drinking (Cahalan et al, 1969), abstainers have many of the maladaptive characteristics of heavy drinkers and this can be reflected in the anxiety levels of their children. It is unknown, however, what part is played by the discrepancy between the so-called abstainer fathers and their children's reports of their drinking.

More children of heavy drinkers report insomnia and depression, but their reported methods of coping with these conditions do not seem most adaptive. While these children are most in need of help the isolated nature of their coping activities makes it highly unlikely that they will seek help on their own. In addition, the fact that more of these youth also report both heavy drinking mothers and friends suggests that the possibilities for supportive relationships are limited. On the other hand, while children of abstainers may have problems, the social nature and the range of their coping activity makes it more likely that they will receive the help they need.

Because clinics so frequently do not deal with problems until they have reached extreme proportions, the importance of identifying children who are experiencing difficulties associated with drinking parents should be recognized.

Counseling and education in the schools could provide aid even before parents are labeled alcoholics. Adolescents need help in dealing with the anxiety related to their parents' alcohol use as well as the difficulties caused by their own drinking. School programs potentially could provide such intervention during the student's formative years to enable him to develop more constructive methods of coping.

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